Do you know what 1.5 million stands for? 1.5 million Stands for the number of children that are living in poverty as we speak. These children are going to have to face many challenges in the incoming years as they grow up. Most of these children don’t have health insurance meaning they aren’t getting the medical care they need most of the time. These children might have to face some medical problems in their future. Poverty has limited the access to child health care in the United States.

Poverty in America is defined as an inability to provide a family with food clothing, and shelter. But that definition only represents a small percentage of the overall poor population Most of the poor population could be judged as living in comfortable or well off a few generations back (Johnson, Kirk, and Robert Rector). The usual poor person that is defined by Census Bureau has a car, air conditioning, has kitchen appliances, cable TV, VCR or DVD, able to get Medicare, home in good conditions, family not hungry, enough money to meet the families basic needs. A father’s absence in the family is a main cause of child poverty because the family only has one income and the mother can only do so much to provide for the family (Johnson, Kirk, and Robert Rector). The regular poor person as being defined by the government has a living standard higher than the public image of what a poor person lives like. Another major factor that contributes to child poverty is the parents not being married. But if the mothers were to marry the child’s father then that would reduce child poverty by three quarters out of the total number (Johnson, Kirk, and Robert Rector).

Poverty can cause major damage to a child’s health which includes high infant mortality rate, lower birth weight, and a lot of problems that occur during childhood. Asthma is one of those problems that put a burden on poor families 6.2 million children under 18 are affected by asthma. For children in rural areas poverty is more common 14% of Americans that live in poverty live below the poverty line (Arrighi, Barbara A, and David J Maume). In the rural areas access to health care is limited and transportations to the health care facility are limited. Most people in the rural areas travel routinely to city to get the high quality care that they have to offer. Iowa state university did a study that interviewed 74 kids that lived in a rural community (Arrighi, Barbara A, and David J Maume). 13 of the children have disabilities or severe health problems. Those problems included autism, development delays, and seizures, skeletal problems that led to surgeries, mental retardations, and ADHD. Families in rural areas have to travel long distances to get specialized health care for their kids. Some choose to stay and work with the hospital in the community (Arrighi, Barbara A, and David J Maume). These families have to rely on private transportations to make their health care appointments. These health problems have put a strain on the family with the lack of resources, the health care limited and financial strain on a family (Arrighi, Barbara A, and David J Maume). Children that live in impoverished areas have a low intellect and educational attainment. Children that live in impoverished areas in their early years are the most effected when they go to school later on (Wood, David).

There are 34 million foreign born people in the United States. Immigrant children that come here from another country face problems with poverty. 1 in 4 low income children are from immigrants. 22% of immigrant children that are under the age of 18 live in Poverty. The children of immigrants have lower health care utilization. Some immigrants come here at a disadvantage because they had low pay in their own country and wanted to get successful here. Language can also be another barrier between immigrants and health care if people can’t understand what you are saying. Another reason why some immigrant kids don’t have health care is because their parents are illegal immigrants (Arrighi, Barbara A, and David J Maume).

Poverty can affect child health care because it can limit the access people have to insurance. In2004 3.5 million or 5% of children didn’t have health insurance. Out of those 3.5 million 9.8% of the Hispanic children had a less expected chance to have health insurance compared to non-Hispanic African American children at 2.9%. In families that make less than $20,000 a year 13% of children are uninsured (Barbra Wexler). The amount of children varies all over the country in the south 11.5% are uninsured, 10.9% in the West, 6.8% in the Midwest, and 5.3% in the Northeast are uninsured. Children from poor or near poor families were more liable to turn out to be uninsured, have unmet medical needs, and delay seeking care because of the amount of money it would cost. Different races were affected differently by poverty with health insurance. In 2004 21% of Hispanic children, 13% of African American children, 9.4% of Asian Children, and 7.6% of non-Hispanic white children were uninsured. For the children that do have health insurance 30.3% of them are covered by private health insurance (Barbra Wexler). The amount of children uninsured can range from 5% in Michigan to 20% in Texas with a lot of states in between those two points. Some states are better than others at providing some of the best at giving children access to health care and ensuring high quality care. Massachusetts, Iowa, Rhode Island, Ohio, Vermont, Alabama, and Wisconsin are the national leaders (Shea, Katherine, Karen Davis, and Edward Schor). In 1996 14.5 million children lived in poverty that is one out of every 5 kids. Children that live in poverty already have obstacles in their way one of them is that children in poverty have 1.5 to 3 times more of a chance to die in childhood then kids that are not in poverty. Also they are 2 times more likely to be deaf, blind or suffer from serious physical or mental disabilities (Patel, Kant).

There are many reasons why some kids are uninsured most of the times though is that their parents can’t afford to pay for health insurance or their jobs don’t offer health insurance. The parents may work for small firms and they don’t offer health insurance ("Uninsured Moderate-Income Children: The impact Parent Employment on Access to Employer coverage."). There are also government provided agency’s that help with providing children with health care. Medicaid is one and State Children’s Health Insurance Program (SCHIP) is another program help out families that can’t afford health insurance. More than one-third of the children nationally receive health care that is funded by the federal government (Shea, Katherine, Karen Davis, and Edward Schor). The number of children that don’t have insurance is going down because in 2002 8. 5 million children didn’t have insurance and then in 2004 it was 3.5 million which is a huge improvement. Minority children have made a great improvement 26% Hispanic children in 1998 were uninsured but in 2002 20% were uninsured a 6% decrease thanks to Medicaid and SCHIP. Also African American children the amount uninsured has dropped from 14% to 9% which is a big improvement. The states that have the highest amounts of uninsured children are Arizona, Nevada, Oklahoma, Texas, New Mexico, Georgia, California, and Louisiana ranging from 47.1% to 37.1% of uninsured children. Since a lot of children are uninsured they may not be receiving the right amount of medical care since they may not be able to pay for it ("Going without: America's uninsured Children"). Also children are uninsured because they could be living in a single parent home and they just can’t afford to pay for health care. Another reason may be because the parents aren’t well educated and can’t earn higher wages. If a parent didn’t go to college it may be hard for them to find a new job because most now want a college degree. There is also international competition for manual jobs since in they want to make more money so they come to the U.S (Wood, David).

Medicaid is a program meant to help individuals and families who low income and resources with medical assistance. This program was founded in 1965 both federal and state government in order to assist states in providing better medical care to people in need. There are guidelines that the states follow. Each state can determine their own eligibility standards; determine the amount and duration of services that they want to provide, how they are paid, and in charge of their own program (Waid, Mary). Medicaid is not provided for everyone you have to be in one of the groups to be considered eligible to receive Medicaid. Recipient of Aid to families with dependent children, Children under 6 who meet the state’s AFDC financial or if their families income is under 133%, of the Federal poverty level, Pregnant women whose income is lower than 133% FPL, Supplement security income, people who adopt or are in foster care, All children born after 1983 who are below the FPL, special protected groups, and Medicare beneficiaries (Waid, Mary). But even though they cover a lot of people there is still one major flaw because sometimes very poor people who need Medicaid aren’t eligible because they don’t fit into any of the categories. The services that Medicaid provides are inpatient hospital services, outpatient hospital services, prenatal care, physician services, laboratory and x-ray services, and many more services are provided. States are allowed to limit the duration of how much is covered but they can’t limit coverage for medically necessary inpatient hospital services provided to Medicaid eligible children. Medicaid may make some people pay for certain services but others are excluded from cost sharing if they are: pregnant, children under the age of 18, hospital or nursing home patients, emergency services, and family planning services (Waid, Mary).

The State Children’s Health Insurance Program (SCHIP) is another program out there that helps provide medical care for the children that are uninsured. SCHIP was founded in 1997 so that they could expand public health care availability to low income families. SCHIP gives states $40 million over a decade to provide coverage for families that couldn’t afford it. SCHIP provides coverage to more than 7 million children yearly ("SCHIP overview”). SCHIP provides coverage to families that make too much for Medicaid but can’t afford to get private insurance. The income eligibility varies from state to state. What SCHIP covers can vary from state to state but they all cover immunizations, and baby care. Most states cover doctor visits, prescription medicine, hospitalizations, dental and eye care, and medical equipment. SCHIP has helped decrease the number of uninsured kids in the U.S. So far 2 million less kids are uninsured. SCHIP also allows kids a better chance in life and chances to succeed if they are covered because then they are able to go visit the doctor’s office and make sure they are alright ("SCHIP overview”). There are some negatives about SCHIP on being that not all of the states taking actions to help covering a large number of children. Texas, Iowa, Louisiana, South Dakota, and Mississippi are examples of some of those states. Louisiana, Texas, Mississippi have a large amount of uninsured kids (Patel, Kant). Another problem with SCHIP is that some states are charging a large premium which is making it difficult for some low income families to pay which isn’t helping the issue at all. The next area of concern is that it isn’t enough to expand eligibility on paper we need to actually enroll them in the program (Patel, Kant). The next big concern is that even though SCHIP is helping that isn’t enough because children don’t make decisions on going to the doctor’s their parents do. The last concern is that money is given based on the amount of children that are uninsured and that can cause problems with because some states are feeling penalized by this (Patel, Kant).

Developments in the pediatric field have happened during the time period of 1873-1931 but in the second half of the nineteenth century there was no improvement in the difference in health care between women and children. In 1825 Dr William P. Dewees of university of Pennsylvania thesis on physical and mental treatment of children he is considered the first to make broad work on child care (“The emergence of modern Child Health Care in America."). Dr. Jacob is responsible for putting child health care on a lasting foundation. Dr. Jacob wrote a huge number of clinical paper and essays, his influence as a physician and researcher for child health care is not matched in American pediatrics. By 1908 the government was vigorously looking for ways to improve child health care. In that same year Dr. S. Josephine established in New York the first Division of Child Hygiene which she was in charge of (“The emergence of modern Child Health Care in America."). In 1909 President Theodore Roosevelt recommended the creation of the Children’s bureau but President Taft was the one to approve it and sign the bill on April 9, 1912. In 1909 the American Association for the study and prevention of infant mortality was organized. In 1922 American’s Child Health Association was formed. By 1931 American Academy of Pediatrics held its first meeting and with the help of the organizations, government and researchers has raised the standard for general child health care and lowered the amount of infant and child mortality ("The emergence of modern Child Health Care in America.").

Today in this day and age child Health care is not where it is suppose to be at. Partly because of poverty but also sometimes the doctors are to blame for the inadequate care given to children. A study that was done by Seattle’s Children’s hospital Research Institute and the University of Washington’s School of Medicine showed that children are receiving 68% of recommend care for acute medical problems, 53% for chronic medical problems, 41% for preventive care, 66% for treatment, 47% for diagnosis, and 45% for following up. Rita Mangione-Smith, M.D., M.P.H., says that pediatricians need to do better job managing chronic conditions ("New Study Finds Serious Gaps In Health Care Quality for America's Children.").

Poverty in the U.S has limited the access to child health care. This has to stop I mean every day more and more children are going uninsured. This is causing problems because if more kids become uninsured their parent won’t feel like taking them to the doctor’s until it’s an emergency and they could be in real danger if it is something serious. Children that live in poverty have a higher chance then other kids to have serious medical problems. I know that actions are being taken to stop this like Medicaid or SCHIP but that is not enough there are still people out there that that don’t qualify for either of those problems. I guess there is only so much help you can give but when is help to much. Will we ever see a day were a child has been given the best care possible because they don’t have to worry about the price. All they have to worry about is making sure they are healthy and our up to date on their shots. Will that day come or is that to much to ask of a society is to put the children first.